

# HOLDER REPORT FORM (ZERO REPORTS)

## INSTRUCTIONS

Enter the holder's name & current mailing address. Please type or legibly print.

If there has been a change in the name of the holder or in the address, print that information here.

Enter the holder's federal identification number. Enter the name and telephone number of the person we should call about the report.

Enter the holder's state and date of incorporation as well as the date of the holder's fiscal year end.

If the company has had a name change, enter the previous name.

**NOTE: CD/Rom reporting is NOW available for zero reports.**

**NOTE: Holders with no unclaimed property to report are required to file a negative (zero) report.**

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**Only use this form if you DO NOT have any properties to report.**

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Sign and date the verification section of this report before remitting.



## 2012 *UNCLAIMED PROPERTY HOLDER* *REPORT FORM (zero report)*

By using this report form, I affirm that all records have been researched per KRS Chapter 393) and found no unclaimed property to report.

CURRENT HOLDER NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEIN#: \_\_\_\_\_ - \_\_\_\_\_

CONTACT \_\_\_\_\_

TEL.# \_\_\_\_\_

E-MAIL \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Inc. \_\_\_\_\_

**DO YOU NEED MORE TIME? (SEE PAGE 18)**

If holder name has changed show the previous name here: \_\_\_\_\_

*Read page 17 before signing affidavit*

### VERIFICATION

I, \_\_\_\_\_, swear that I have prepared, or have caused to be prepared, and have examined this report as to property presumed abandoned under KRS 393 and other applicable state laws. I am duly authorized to execute this verification by the holder and by law. To the best of my knowledge and belief, said report is true, correct, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

KENTUCKY DEPARTMENT OF TREASURY  
UNCLAIMED PROPERTY DIVISION  
1050 US HWY 127 S SUITE 100  
FRANKFORT KY 40601